

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AD FLD		AD FLD		AD FLD			
	CHD	DEP	CHD	DEP	CHD	DEP		
1							31	
2							32	
3							33	
4							34	
5							35	
6							36	
7							37	
8							38	
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45								
46								
47								
48								
49								
50								
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	17						TOTAL DEP.	
TOTAL CLAIMS	21						TOTAL CLAIMS	